SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. 	A. Olignature X B. Received by (Printed Name)	Agent Addressee
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Neceived by (***********************************	
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
· · · · · · · · · · · · · · · · · · ·	MAR 2 1 2003	
Chromalloy American Corporation c/o Sequa Corporation		
111 Eighth Avenue	2 Sanda Tura	
New York, NY 10019	3. Service Type Certified Mail Express Mai Registered Return Rece Insured Mail C.O.D.	l lipt for Merchandise
·	4. Restricted Delivery? (Extra Fee)	☐ Yes
72. Article Number 7001 0360 0003 6678 0025		
PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509		
UNITED STATES POSTAL SERVICE First-Class Mail Postage & Fees Paid USPS Permit No. G-10		
• Sender: Please print your name, address, and ZIP+4 in this box •		
Ms Amice Bivens		
Enforcement Officer (6SF-AC) SU. Environmental Protection Agency		
1445 Ross Avenue, Suite 1200		
Dallas, TX 75202-2733		
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